

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SD | | 02-07-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SH | 1085 | 5/16/01 |
| RESPONSE FORMALITY REVIEW | CH | 825 | 8/11/01 |

INDEX OF CLAIMS

| | | | |
|---|----------------------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - | (Through numeral) Canceled | A | Appeal |
| + | Restricted | O | Objected |

| Claim | Date |
|----------------|------|
| Final Original | |
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| Claim | Date |
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| Claim | Date |
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AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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105/18
9/13/01
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